## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 242931US2

First Inventor or Application Identifier Masato YOKOYAMA

Title OPTICAL SCANNER, OPTICAL-PATH ADJUSTMENT METHOD, AND IMAGE FORMING APPARATUS

	See	APPLICATION ELEMENTS  MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313					
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS  7.  Assignment Papers (cover sheet & document(s))					
2.		Specification Total Sheets 55	8. Application Data Sheet. See 37 CFR 1.76					
			9.   37 C.F.R. §3.73(b) Statement  (when there is an assignee)  Attorney					
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 10	10. ☐ English Translation Document (if applicable)  Information Disclosure ☐ Copies of IDS					
			11.  Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations					
<b>~4</b> .		Oath or Declaration Total Pages	12.   Preliminary Amendment					
	a.	☐ Newly executed (original or copy)	13. White Advance Serial No. Postcard					
	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14.  Certified Copy of Priority Document(s) (if foreign priority is claimed)					
		<ul> <li>i. DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ul>	15.  Applicant claims small entity status. See 37 CFR 1.27					
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other:					
6.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	10/60 10/60					
	a.	☐ Computer Readable Form (CRF)	33					
	b.	Specification or Sequence Listing on :	<u> </u>					
		i. CD-ROM or CD-R (2 copies); or	h					
		ii. 🔲 Paper						
	C.	☐ Statements verifying identity of above copies						
17.	If a	CONTINUING APPLICATION, check appropriate box, and suppl	y the requisite information below:					
		Continuation Divisional Continuation-						
F	<sup>2</sup> rior	application information: Examiner:	Group Art Unit:					
consi	dered	NUATION OR DIVISIONAL APPS only: The entire disclosure of the prior a part of the accompanying continuation or divisional application and is h tion has been inadvertently omitted from the submitted application parts.	application, from which an oath or declaration is supplied under Box 4b, is ereby incorporated by reference. The incorporation can only be relied upon					
		18. CORRESPOND	ENCE ADDRESS					
		Curtaman	Number					
Customer Number								
		228	50					
(703) 413-3000 FACSIMILE: (703) 413-2220								
	Na	me: Marvin J. Spivak	Registration No.: 24,913					
// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Mun Date: 9/17/07					
Name: G. Irvin McClella								

Docket No.

242931US2

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Masato YOKOYAMA

**SERIAL NO:** 

**New Application** 

FILING DATE: Herewith

FOR:

OPTICAL SCANNER, OPTICAL-PATH ADJUSTMENT METHOD, AND IMAGE FORMING

**APPARATUS** 

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED		NUMBER EXTRA		RATE		CALCULATIONS
TOTAL CLAIMS	23 -	20 =	3	x	\$18	=	\$54.00
INDEPENDENT CLAIMS	8 -	3 =	5	x	\$84	=	\$420.00
☐ MULTIPLE DEPENDEN	MULTIPLE DEPENDENT CLAIMS (If applicable)				\$280	=	\$0.00
■ LATE FILING OF DECLARATION					\$130	=	\$130.00
BASIC FEE							\$750.00
TOTAL OF ABOVE CALCULATIONS							\$1,354.00
REDUCTION BY 50% FOR FILING BY SMALL ENTITY							\$0.00
☐ FILING IN NON-ENGLISH LANGUAGE					\$130	=	\$0.00
☐ RECORDATION OF ASSIGNMENT					\$40	=	\$0.00
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	A check in the amount of \$0.00 to cover the filing fee is enclosed.						
	Credit card payment form is attached to cover the filing fee in the amount of \$1,354.00						
	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.						
	Respectfully Submitte	d,					
	OBLON, SPIVAK, M MAIER & NEUSTAL						
Dat	Date: 9/17/03	nM Colland					
	Marvin J. Spivak	012					
Cus	^	Registration No. 24,913  O. Invin McClelland					

Toght whom 1 11257 21, 124

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Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)